

**Single Premium
Deferred Annuity Application**

MVA Term Selected: 6 Year Term

OWNER (All Policyholder correspondence will be sent to this address.)
 Name: _____ Sex: _____ Age: _____ DOB: _____
 Address: _____ Marital Status: _____ SSN: _____
 Daytime Phone: _____

JOINT OWNER (Optional. Non-Qualified Annuities only.)
 Name: _____ Sex: _____ Age: _____ DOB: _____
 Marital Status: _____ SSN: _____ Daytime Phone: _____

ANNUITANT (if different from the Owner.) Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.
 Name: _____ Sex: _____ Age: _____ DOB: _____
 Address: _____ Daytime Phone: _____ SSN: _____
 Relationship to Owner: _____

OWNER'S BENEFICIARY DESIGNATION - In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.
 If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.
 Primary Beneficiary: Name: _____ Relationship: _____
 Contingent Beneficiary: Name: _____ Relationship: _____

INTEREST RATE (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.) The guaranteed minimum interest rate for the life of your policy is _____%.
 Year 1: _____% Years 2 through 6: _____%
 MVA Term Periods: 6 Year

PURCHASE PAYMENT
 Policy Number: _____ Policy Date: _____
 Single Premium Payment: \$ _____ Annuity Date: _____
PLAN TYPE (required): Non-Qualified Qualified
 Tax-Qualified Plans: Traditional IRA Roth IRA Other: _____
 Check one: Initial Contribution for Tax Year Transfer Rollover Roth IRA Conversion Year

SIGNATURES Checks must be made payable to Western National Life Insurance Company.
 Do you have any existing life insurance policies or annuity contracts? Yes No
 Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company? Yes No (If yes, complete the following.) Company: _____ Policy No.: _____
 Are you an active duty service member of the United States Armed Forces? Yes No
 I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application to the best of my knowledge and belief are complete and true. I have read and understand the important disclosures located on the reverse of this application.
 Please initial if applicable: _____ I am applying for a market-value adjustment annuity. I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.

 Owner's Signature Joint Owner's Signature (if applicable)
 Signed at (city/state): _____ on (date): _____

REPRESENTATIVE INFORMATION
 To the best of my knowledge the applicant has an existing life insurance policy or annuity contract. Yes No
 Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity? Yes No
 As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms? Yes No
 By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

 Licensed Agent's Signature Agency Name and Number

 State Lic.#: _____ Agent#: _____

 Licensed Agent (Print name)

NESTEGG BUILDERS

DISCLOSURES

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- Western National Life Insurance Company (WNLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNING

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

District of Columbia and Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Louisiana, Maryland and Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity policy contains complete details. The UltraMYG Annuity is a single premium deferred annuity with a market value adjustment ("MVA") issued by Western National Life Insurance Company ("Company").

ANNUITIES: are not a deposit; are not FDIC-insured; are not insured by any federal government agency; are not guaranteed by the bank; and may lose value.

Initials

_____ **Effective Annual Interest Rate:** The present effective annual interest rate on the single premium is _____% and is guaranteed to be in effect for one year from the Policy Date. This rate includes a _____% enhancement to the current credited interest rate and is payable for the first twelve (12) months only. The rate for years two through six is _____%. To achieve this rate, the premium must be left in the annuity for one full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

_____ **Guaranteed Minimum Interest Rate:** (The current guaranteed minimum interest rate is predetermined by the Company.) The effective annual interest rate after the six-year period will be declared from time to time by the Company's Board of Directors and is guaranteed to always be at least _____%. This guaranteed minimum interest rate will remain in effect for the life of your policy and is not subject to change.

_____ **Permitted Free Withdrawals:** After the first policy year, you may take one free withdrawal each policy year, not exceeding 10% of the annuity value as of the previous policy anniversary. This withdrawal is not subject to any market value adjustment or early withdrawal charge. During the first nine years from the Policy Date, withdrawals in excess of permitted free withdrawals will be subject to a market value adjustment and an early withdrawal charge. The withdrawal charges decrease monthly on a pro rata basis after the first year.

Withdrawal Charge Schedule

Policy Year	1	2	3	4	5	6	7	8	9
Withdrawal Charge*	9%	8%	7%	6%	5%	4%	3%	2%	0%

*Percentages shown are end-of-year charges. Percentages decrease monthly on a pro rata basis after the first year.

_____ **Market Value Adjustment:** A market value adjustment may be positive or negative. The MVA is an amount determined by the relationship of an index rate^{***} determined as of the Policy Date to an index rate^{**} determined at the time of withdrawal or cancellation. Generally, if interest rates rise, the MVA will decrease your contract value, and if interest rates fall, the MVA will increase your contract value.

***Index rates are based on the Treasury Constant Maturity Series published by the Federal Reserve.

By signing below, I/we acknowledge that I/we have read and understand the above items, including the information on the back of this form, have received a copy of this acknowledgement and certify that I/we have paid an initial premium of \$_____ to purchase an UltraMYG Annuity from Western National Life Insurance Company. I/we further certify that my/our financial objectives and situation were assessed and that this annuity is suitable for me/us.

Signed this _____ day of _____, _____.

_____	_____	_____
AGENT'S NAME	OWNER'S NAME (Please Print)	JOINT OWNER'S NAME, IF ANY (Please Print)
_____	_____	_____
AGENT'S SIGNATURE	OWNER'S SIGNATURE	JOINT OWNER'S SIGNATURE, IF ANY

The expense charges may be higher and/or the interest credits may be lower for a contract with a bonus than the charges or credits for a contract without a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.

Death Benefit: A death benefit is paid to the beneficiary upon the death of an owner. A surviving joint owner is deemed to be the primary beneficiary of a deceased owner unless another beneficiary is specifically designated. If the death occurs before an income plan begins, the beneficiary will be paid the withdrawal value. The withdrawal value is equal to the annuity value less any early withdrawal charge without an MVA. If the beneficiary elects an income plan option of at least five years, the annuity value will be payable. In any event, the death benefit is guaranteed to equal at least the single premium paid, less any partial withdrawals.

Extended Care Rider: (Not available in all states and provisions may vary from state to state.) Early withdrawal charges may be waived in the event an Owner receives qualifying extended care. I/we understand that:

- Extended care must begin at least one year after the Policy Date;
- Extended care must be provided in a qualified institution for at least ninety consecutive days; and
- Coverage terminates on the date income payments begin or the date on which the annuity policy terminates.

Waiver of Early Withdrawal Charges: (Not available in all states and provisions may vary from state to state.) Early withdrawal charges and any market value adjustment may be waived if:

- A Licensed Health Care Practitioner certifies that the Owner is unable to perform at least 2 of 6 Activities of Daily Living for at least 90 consecutive days; and
- Certification by a Licensed Health Care Practitioner occurs at least one year after the Policy Date (coverage terminates on the date income payments begin or the date on which the policy terminates.)

Federal Tax Penalty: Withdrawals from your annuity prior to age 59-1/2 are generally subject to a 10% federal income tax penalty.

Annual Statements: A statement of your account will be provided at least once each policy year.

1. PERSONAL INFORMATION	
Owner: _____	Joint Owner: _____
Annuitant (if different from owner): _____	Social Security Number: _____
Address: _____	
City/State/Zip: _____	Phone: _____
2. CONTRACT/POLICIES TO BE TRANSFERRED	
Account/Policy Number _____	Company _____
	Address _____
The above contract(s) is <input type="checkbox"/> enclosed <input type="checkbox"/> misplaced	Phone _____
3. TYPE OF WITHDRAWAL	
<input type="checkbox"/> Total withdrawal	<input type="checkbox"/> Partial Withdrawal _____
FROM <input type="checkbox"/> Annuities <input type="checkbox"/> Life Insurance	
4. SOURCE OF TRANSFER (For Direct Rollovers, use form number WNL 175)	
TYPE OF REQUEST	
<input type="checkbox"/> Trustee-to-Trustee Transfer	<input type="checkbox"/> Non-Qualified Funds (Non-Insurance)
<input type="checkbox"/> IRA/SEP <input type="checkbox"/> Rollof IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> Certificate of Deposit:
<input type="checkbox"/> Liquidate on maturity date of _____	<input type="checkbox"/> Before the maturity date, I understand there may be a penalty
(Before the maturity date, I understand there may be a penalty.)	<input type="checkbox"/> On the maturity date of _____
<input type="checkbox"/> Immediately	<input type="checkbox"/> Mutual Fund / Money Market
Participants who are age 70 1/2 or older may be required to take a required minimum distribution prior to completing this transaction, if this is a complete transfer.	
<input type="checkbox"/> IRC Section 1035(u) Non-Taxable Exchange of Non-Qualified Funds (For partial exchanges, use form WNL 163.)	
ABSOLUTE ASSIGNMENT	
I do absolutely assign and transfer the above identified life/annuity contract to Western National Life Insurance Company (WNLIC), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by WNLIC in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by WNLIC, subject to acceptance by the issuing company.	
The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract.	
No coverage takes effect with WNLIC because of this assignment or any application for an WNLIC policy. The policy issued by WNLIC will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by WNLIC and applied to its policy. If a claim should arise before payment of the surrender value in full is received by WNLIC, the undersigned understands no insurance has taken effect with WNLIC and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. For ALL 1035 Exchanges, please provide the cost basis information for the current policy.	
5. SIGNATURES	
I understand and agree that if I establish more than one non-qualified annuity contract with Western National Life Insurance Company (WNLIC) in the same calendar year, WNLIC will be required to treat all such contracts as a single contract for tax purposes. Such policies are referred to as "serial policies." I understand and agree that this means that because serial policies are treated as one policy, all interest must be withdrawn and taxes paid on each policy in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize WNLIC to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred.	
I request that the above referenced contract/policy/account(s) be liquidated and transferred to Western National Life Insurance Company. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.	
Contract Owner: _____	Date: _____
Joint Owner: _____	Date: _____
Spouse/Irrevocable Beneficiary (if any) _____	Date: _____
Witness to all signatures: _____	Date: _____
6. ACCEPTANCE	
For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets.	
Assets will be accepted in new contract # _____	or existing contract # _____
Make check(s) payable and mail to: Western National Life Insurance Company	Or if IRA Transfer Western National Life Insurance Company
FBO: _____ SSN: _____	FBO: _____
P.O. Box 2754 Dept 16	_____
Amarillo, Texas 79105-2754	_____
By: _____	Date: _____
Western National Life Representative/Title	

Partial Withdrawal and Assignment of Proceeds to:

TO BE COMPLETED ON THE EXISTING CONTRACT:		
CONTRACT NO.: _____		Proceeds being assigned (please complete only one line)
OWNER(S): _____	_____ % (Gross)	(percent of current value to be withdrawn prior to application of surrender or early withdrawal charges)
SSN OR TAX ID NO.: _____		
ADDRESS: _____		
PHONE NO. _____		OR
ANNUITANT: _____	_____ % (Net)	(percent of current value I desire to have sent to new insurer after surrender or early withdrawal charges) OR
EXISTING INSURER'S NAME/ADDRESS/PHONE:		
_____	\$ _____	(Gross) OR
_____	\$ _____	(Net)

Instructions:

To the Existing Insurer: It is my desire to withdraw a part of the proceeds of my existing contract as described above and assign those proceeds to Western National Life Insurance Company in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. My signature below is authorization to withdraw from my contract the proceeds described above and pay those funds directly to Western National Life Insurance Company.

To the New Insurer: I hereby transfer and assign to Western National Life Insurance Company the above-described proceeds from my existing annuity contract, subject to your acceptance. Please issue a new contract upon your receipt of the proceeds. The Owner and Annuitant on the new contract will be the same as on the existing contract.

I UNDERSTAND THAT UPON RECEIPT OF THE PROCEEDS BY WESTERN NATIONAL LIFE INSURANCE COMPANY, THE PROCEEDS WILL BE APPLIED AS AN INITIAL PREMIUM FOR THE NEW ANNUITY CONTRACT. The proceeds assigned shall not be considered a premium until the assigned proceeds are actually received by Western National Life Insurance Company. A contract will not be in effect until the first premium is paid. If a claim should arise before payment of the initial premium is received by Western National Life Insurance Company, I agree to look solely to the issuer of the existing contract noted above for relief.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the existing contract in regard to those proceeds assigned to Western National Life Insurance Company.

I understand that the exact amount of the proceeds may vary depending upon the date of the partial transfer, and I agree to execute any additional documents required to complete the transfer.

To the extent that Section 1035 of the Internal Revenue Code permits certain nontaxable partial exchanges of annuity contracts, it is my intention that said partial exchange qualify as a Section 1035 exchange. As such, I affirm that it is not my desire or intention to avoid the 10% premature withdrawal penalty imposed by Section 72(q) by virtue of said partial exchange.

I understand that my tax basis in the above-referenced annuity contract shall be allocated to said partial exchange on a pro-rata basis after the assessment of any surrender or early withdrawal charge due to the existing insurer. I agree to the transfer of a pro-rata part of my tax basis to Western National Life Insurance Company based on the methodology disclosed herein.

I represent that the existing contract is not subject to any prior assignment; the contract is not subject to proceedings in bankruptcy, federal tax levy, or collection proceedings resulting from an unpaid assessment, or any other legal action; and that there is no outstanding loan on the contract.

I understand that a partial exchange is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2008-24 which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 12 months from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange.

I represent and agree that Western National Life Insurance Company is furnishing this form and is participating in the transaction at my specific request and as an accommodation to me. I understand and agree that neither Western National Life Insurance Company nor its agent(s) make any representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise, and that Western National Life Insurance Company has no responsibility or liability for the validity of the Assignment.

I understand that the transactions associated with the above-referenced existing annuity contract will be reported to the IRS by the existing insurer as a Section 1035 exchange, and that I will be responsible for any federal income tax consequences, interest and penalties, if any, associated with said transactions. Further, I agree to hold harmless and indemnify Western National Life Insurance Company and its affiliates from any federal income taxes that may be incurred, if any, as a result of said transactions associated with the above-referenced annuity contract.

I UNDERSTAND THAT THE CASH VALUE OF THE ASSIGNED PROCEEDS SHALL NOT BE CONSIDERED PART OF THE PREMIUM UNTIL THE ASSIGNED PROCEEDS ARE ACTUALLY RECEIVED BY WESTERN NATIONAL LIFE INSURANCE COMPANY. I FURTHER UNDERSTAND THAT AN ANNUITY CONTRACT WILL NOT COME INTO FORCE SIMPLY AS A RESULT OF THIS ASSIGNMENT.

Signed this _____ day of _____, 20____ at _____
CITY, STATE

WITNESS

SIGNATURE OF OWNER/ASSIGNEE

WITNESS

SIGNATURE OF CO-OWNER (IF APPLICABLE)

ACCEPTANCE
(To be Completed by the New Insurer)

To the Existing Insurer: The above-named individual has applied for a Non-Qualified Annuity with _____. We will accept the above-described assignment of a portion of the proceeds currently held in your contract for placement into the Non-Qualified Annuity established at _____. This transaction is to be accomplished in accordance with Internal Revenue Code Section 1035(a).

Please provide us with the pre and post 8/13/82 cost basis allocated to the partial exchange after assessment of any early withdrawal charges.

By: _____
Signature of Authorized Representative Date

Printed Name of Authorized Representative

Checks should be made payable to Western National Life Insurance Company for the benefit of: _____
Name of Existing Contract Owner

SSN or Contract No: _____

Western National Life Insurance Company
P. O. Box 2754
Department 16
Amarillo, Texas 79105-2754

CUSTOMER INFORMATION

Policyowner / Plan Participant Name & Address

Current Insurer / Trustee / Custodian Name & Address

Telephone Number: _____

Social Security/Tax ID No.: _____

Policy/Account No.: _____

I elect to receive an eligible distribution as a Direct Rollover as described below. (Complete items 1,2,3,4 and 5 or 6). Please read the information provided on page 2 prior to completing this form.

1. Current Retirement Plan

- Qualified Employer Plan - IRC Sec. 401(a), 401(k), 403(n)
- Tax Sheltered Annuity - IRC Sec. 403(b)
- Tax Sheltered Custodial Account - IRC Sec. 403(b)(7)
- Individual Retirement Account or Annuity - IRC Sec. 408(n) or (b)
- Governmental 457(b) Deferred Compensation Plan

2. Basis for Distribution

- Termination of Plan (Not applicable to a TSA)
- Termination of Employment
- Total Disability - IRC Sec. 72(m)(7)
- Age 59 1/2 or Older
- Qualified Domestic Relations Order
- Other _____
(Explain)

3. Type of Distribution

- Partial, % _____ or \$ _____
- Total, full liquidation (Participants age 70 1/2 or older may be required to take a required minimum distribution prior to making a complete rollover.)

4. Direct Rollover to:

- Individual Retirement Annuity - IRC Sec. 408(b)
- Simplified Employee Pension - IRC Sec. 408(k)

5. Rollover to an existing contract, number _____

6. Rollover to a new contract, application attached.

Date

Signature & SSN of Plan Participant or Policy Owner

ACCEPTANCE

On behalf of Western National Life Insurance Company, we agree to accept the Direct Rollover identified above. Further, the rollover proceeds will be applied to the following type of contract _____

Traditional IRA, SEP

Please make check(s) payable and mail to:

Western National Life Insurance Company

FBO: (participant)

SSN or Contract No.

P.O. Box 2754, Dept. 16

Amarillo, Texas 79105-2754

Date

Authorized Officer and Title

LEGAL INFORMATION

The information in this notice applies to IRAs, Roth IRAs, and employer-sponsored plans, including tax-sheltered annuity arrangements and governmental 457 deferred compensation plans.

Direct Transfers

The accumulated value to be transferred may have been subject to sales and/or administration charges. The amount transferred will be subject to the terms of the Western National Life Insurance Company contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount transferred is in general not subject to withholding requirements because it is not includible in your gross income for the year of transfer, if this transfer does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

Eligible Rollovers

Most withdrawals from tax-favored retirement plans are eligible for rollover either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts.

Rollovers by Beneficiary

Only spousal beneficiaries are allowed to roll over distributions to an IRA or another plan. The receiving plan must accept such rollovers. Non-spousal beneficiaries are not allowed to roll over distributions.

Direct Rollovers

Any amounts under your employer-sponsored plan that will not be subject to federal income tax when distributed may be rolled over directly to an employer-sponsored plan, if such plan accepts such rollovers, or to an IRA.

Rollovers may be subject to the plan restrictions of the receiving plan. The new plan restrictions may be different, or more or less restrictive, than the plan from which the amounts were rolled. Check with the administrator of the receiving plan prior to making your decision in order to clearly understand what restrictions may apply.

Distributions Paid Directly to You

If the distribution you are rolling over was paid directly to you, you may roll over any pre-tax amounts to another employer-sponsored plan or to an IRA within 60 days. Any distributions of after-tax contributions paid directly to you may not be rolled over to another employer-sponsored plan. However, they may be rolled over to an IRA within 60 days.

Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include amounts paid to non-spousal beneficiaries, amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, and amounts paid from certain deferred compensation plans. In addition, non-deductible (after-tax) IRA contributions are not eligible for rollover to an employer-sponsored plan.

Annuities are intended to be long-term investments and are not intended for short-term savings goals. Western National Life Insurance Company requires that the Licensed Agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. The information below will be used in determining whether an annuity is an appropriate recommendation for you. If you are purchasing an annuity in the state of New Jersey, please review the information on page two of this form.

Personal Information (Please Print)				
Name:	Date of Birth:	Age:	Social Security Number:	
Address:		City:	State:	Zip Code:
Home Phone:	Work Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Spouse's Name:	Spouse's Date of Birth:	Spouse's Age:	Spouse's Social Security Number:	
Type of ID verified, number, and expiration date:		Financial resources used to fund annuity:		
Federal Tax Bracket: <input type="checkbox"/> 0% - 10% <input type="checkbox"/> 10% - 15% <input type="checkbox"/> 15% - 25% <input type="checkbox"/> 25% - 28% <input type="checkbox"/> 28% - 33% <input type="checkbox"/> 33% - 35% <input type="checkbox"/> > 35%				
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household				

Financial and Investment Information			
Financial Objectives <input type="checkbox"/> Avoid Probate <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Transfer to Heirs <input type="checkbox"/> Other _____	Intended Use <input type="checkbox"/> Child's Education <input type="checkbox"/> Estate Planning <input type="checkbox"/> Income <input type="checkbox"/> Interest Earnings <input type="checkbox"/> Retirement <input type="checkbox"/> Tax Savings <input type="checkbox"/> Other _____	Investment Time Frame <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Longer than 10 years	Annual Household Income (in thousands) <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$200-250 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$250-500 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> > \$1 mil
Net Worth – excluding home and personal property (in thousands) <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$300-400 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$400-500 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$1-1.5 mil <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$1.5-2 mil <input type="checkbox"/> \$200-250 <input type="checkbox"/> > \$2 mil <input type="checkbox"/> \$250-300 <p style="text-align: center;">Actual</p>	Liquid Net Worth after this purchase (in thousands) <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$300-400 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$400-500 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$1-1.5 mil <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$1.5-2 mil <input type="checkbox"/> \$200-250 <input type="checkbox"/> > \$2 mil <input type="checkbox"/> \$250-300 <p style="text-align: center;">Actual</p>	Estimated Annual Expenses <input type="checkbox"/> \$0-15,000 <input type="checkbox"/> \$15,001-30,000 <input type="checkbox"/> \$30,001-45,000 <input type="checkbox"/> \$45,001-60,000 <input type="checkbox"/> \$60,001-75,000 <input type="checkbox"/> \$75,001-90,000 <input type="checkbox"/> > \$90,000 <p style="text-align: center;">Actual Annual Expenses</p>	Anticipate Needing Access to Funds <input type="checkbox"/> Within 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Longer than 10 years <input type="checkbox"/> Funds will not be needed <p style="text-align: center;">Amount Needed</p>
Financial Experience <input type="checkbox"/> Annuities <input type="checkbox"/> Bonds <input type="checkbox"/> CDs <input type="checkbox"/> Life Insurance <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Other _____			
Risk Tolerance <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive			

Additional Information: _____

**CLIENT ASSESSMENT AND DISCLOSURE
FOR EXCHANGE OR REPLACEMENT**

Proposed Owner(s):	Proposed Annuitant:
Social Security Number(s) of Proposed Owner(s):	Contract Number (New Annuity):

Type of product replacing: Fixed Annuity Variable Annuity Index Annuity Life Insurance

Will the proposed owner(s) be assessed a penalty or other charge to replace his or her existing contract or policy? Yes No

If Yes, the amount of the penalty or charge is: \$ _____

If the proposed owner(s) is age 65 or older and will be assessed an early withdrawal charge to replace the existing contract or policy, please explain why the purchase will be a substantial financial benefit. _____

The new annuity will be subject to early withdrawal charges as follows:									
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Refer to the contract for specific details.									

Will the new annuity be subject to a market value adjustment? Yes No

Will the proposed owner(s) lose any benefits by replacing or exchanging the existing contract or policy? Please explain.

What are the advantages of replacing or exchanging the existing contract or policy? Please explain.

Has the proposed owner(s) had another annuity exchange or replacement within the preceding 36 months (60 months in California)? Yes No

The agent has reviewed the advantages and disadvantages of replacing or exchanging my/our existing contract or policy with me/us. I/we choose to proceed with the purchase of this annuity and believe that this annuity is suitable based on my/our financial situation and needs.

Proposed Owner's Signature _____ Date _____ Proposed Joint Owner's Signature _____ Date _____

I have reviewed the advantages and disadvantages of replacing or exchanging the existing contract or policy with the proposed owner(s). The proposed owner(s) has chosen to proceed with this transaction.

Agent's Name (Please Print) _____ Agent's Signature _____ Date _____

Policy Number (if any) _____

Yes No: Are you an active duty service member of the United States Armed Forces?

Instructions to Agents: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) service member (officer or enlisted) of the United States Armed Forces (Army, Navy, Air Force, Marine Corps, and Coast Guard). This includes members of the National Guard and Reserve while serving under published orders for active duty or full-time training for 31 or more calendar days). See special instructions on the back of this form for Florida, Nevada, Ohio, and Vermont.

If you are considering the purchase of one of our annuity products, please review the following important information before purchasing:

- Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Servicemembers' Group Life Insurance program (also referred to as "SGLI"), under subchapter III of Chapter 19 of Title 38, United States Code.
- SGLI coverage is available in \$50,000 increments up to the maximum of \$400,000. SGLI premiums are currently \$.07 per \$1,000 of insurance, regardless of the member's age. More details may be obtained on-line at the following website: <http://www.insurance.va.gov/SgliSite/SGLI/SGLI.htm>.
- The product that is the subject of this disclosure is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the product being offered.
- No person has received any referral fee or incentive compensation in connection with the offer or sale of the product that is the subject of this disclosure, unless that person is a licensed agent of Western National Life Insurance Company.

Neither Western National Life Insurance Company, nor its agents or representatives are authorized to give legal or tax advice. Please consult with your personal attorney or accountant regarding your particular situation.

If the solicitation or sale of this product occurred on a military installation, I was provided the Personal Commercial Solicitation Evaluation form DD Form 2885.

Signed this _____ day of _____, _____.

AGENT'S NAME
(Please Print)

OWNER'S NAME
(Please Print)

JOINT OWNER'S NAME, IF ANY
(Please Print)

AGENT'S SIGNATURE

OWNER'S SIGNATURE

JOINT OWNER'S SIGNATURE, IF ANY

Special Instructions

Florida: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) service member (officer or enlisted) of the U. S. Armed Forces. This includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U.S. Armed Forces Reserve. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Nevada: This form must be provided to any prospective purchasers who you have reason to believe are (i) an officer or enlisted member of the U. S. Armed Forces who is on full-time duty in the active military service of the U.S., or (ii) is a member of a reserve component of the U.S. Armed Forces or the National Guard while serving under published orders for active duty or full-time training. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.

Ohio: This form must be provided to any prospective purchasers who you have reason to believe are an active duty (full-time) officer or enlisted member of the U. S. Armed Forces, (including National Guard and Reserve members while serving under published orders for active duty or full-time training, for a period of 31 or more calendar days). The form must also be provided to an officer or enlisted member serving in the uniformed services under the Uniformed Services Employment and Reemployment Rights Act (USERRA), unless the service member is a member of the reserve component who is performing active duty or active duty for training for less than 31 calendar days. USERRA defines "service in the uniformed services" as performance of duty on a voluntary or involuntary basis including active duty, active duty for training, initial active duty for training, full-time National Guard duty, a period for which a person is absent from a position of employment for the purpose of an examination to determine the fitness of the person to perform any such duty, and a period for which a person is absent from employment for the purpose of performing funeral honors duty authorized by Section 12503 of Title 10 or Section 115 of Title 32.

Vermont: This form must be provided to any prospective purchasers who you have reason to believe are an active duty officer or enlisted member of the U.S. Armed Forces. Active duty means full-time duty in the active military service of the U. S. and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training or in a drill status in the National Guard or U. S. Armed Forces Reserves. There is no exclusion for members of a reserve component performing under a military call or order that specifies less than 31 calendar days.